

# UNIVERSITÄT SIEGEN

## SOKRATES Exchange Program

Sokrates-Program / Application form for study permission  
for the Winter Semester 20 / | Summer Semester 20

University of Siegen  
Akademisches Auslandsamt  
Unteres Schloss 1 / Postadresse: 57068 Siegen  
Tel.: +49 271 740-3905 Fax: +49 271 740-9300  
E-Mail: budig@aaa.uni-siegen.de

### Personal Details

Family Name:

First Name:

Sex:  male  female

Date of birth:

Place of birth:

Nationality:

Photo

### Korrespondenzadresse

Address:

Date:

Country:

Phone number:

Fax:

E-mail:

### Resident Address

Address:

Country:

Phone number:

Fax:

E-mail:

## Resident University

Name of the University:

Address:

Responsible Program Authority:

Phone number (with country code):

Fax (with country code):

E-Mail:

## Curriculum Vitae

List your educational stages up to the date of filing your application

from - to	

## Facts about your studies at the resident university

Field of study:

Intended degree:

Period of studies up to now:

## Knowledge of German

spoken:

written:

## Intended dates of study in Siegen:

From - to:

Demanded subject of study in Siegen:



## Official certificate of Resident University

The person mentioned above will take part in the Sokrates Program at the University of Siegen.

Year of study:

Course of study:

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of the responsible Sokrates-Coordinator)

\_\_\_\_\_  
(Seal)

## Statement of the student

I hereby confirm, that the given information is true and complete.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**Please send the form as soon as possible to:**

**Universität Siegen  
Akademisches Auslandsamt  
D-57068 Siegen  
Deutschland**

**Attention: This is a PDF- document. Please use your computer to fill it out.**